1354677

FORM D



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPR	OVAL
OMB Number:	3235-0076
Expires:	
Estimated average	ge burden
hours par raspon	- 16 AA

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Prefix		Serial
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Name of Offering (check if this is an amendment and name has changed, and indicate change.)					
Filing Under (Check box(es) that apply):	ULOE				
A. BASIC IDENTIFICATION DATA					
1. Enter the information requested about the issuer					
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)					
Phoenix Coal Corporation					
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)				
1215 Nebo Road, Suite A, Madisonville, KY 42431	(270) 821-0993				
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code) (270) 821-0922				
Brief Description of Business					
Coal recovery business					
	PROCESSED				
Type of Business Organization Corporation Ilmited partnership, already formed other (p	please specify):				
business trust limited partnership, to be formed	MAR 0 6 2016				
Actual or Estimated Date of Incorporation or Organization: Month Year	<u> </u>				
GENERAL INSTRUCTIONS					
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D of 77d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.				
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.					
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20.	549.				
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.					
Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.					
Filing Fee: There is no federal filing fee.					
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.					
ATTENTION					
Failure to file notice in the appropriate states will not result in a loss of the federal ex	kemption. Conversely, failure to file the				

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appropriate lederal notice will not result in a loss of an available state exemption unless such exemption is predictated on the

filing of a federal notice.

|                                                         |                     | A. BASIC ID                 | ENTIFICATION DATA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       |                                             |
|---------------------------------------------------------|---------------------|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------|
| 2. Enter the information re                             | quested for the fol | lowing:                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                             |
| ·-                                                      | •                   | <del>-</del>                | vithin the past five years;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                       |                                             |
|                                                         |                     |                             | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       | a class of equity securities of the issuer. |
|                                                         |                     |                             | corporate general and ma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | naging partners of                    | partnership issuers; and                    |
| Each general and n                                      | nanaging partner of | f partnership issuers.      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                             |
| Check Box(es) that Apply:                               | Promoter            | ☑ Beneficial Owner          | Executive Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Director                              | General and/or Managing Partner             |
| Full Name (Last name first, in Curtis D. Bartlett       | f individual)       |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | · · · · · · · · · · · · · · · · · · · |                                             |
| Business or Residence Addre                             | ss (Number and      | Street, City, State, Zip Co | ode)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       |                                             |
| Check Box(es) that Apply:                               | Promoter            | Beneficial Owner            | Executive Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Director                              | General and/or Managing Partner             |
| Full Name (Last name first; i                           | f individual)       |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                             |
| Business or Residence Addre                             | ss (Number and      | Street, City, State, Zip Co | ode)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       |                                             |
| Check Box(es) that Apply:                               | Promoter            | Beneficial Owner            | Executive Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ☑ Director                            | General and/or Managing Partner             |
| Full Name (Last name first, i<br>John McBride           | f individual)       |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                             |
| Business or Residence Addre                             | ss (Number and      | Street, City, State, Zip Co | ode)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       |                                             |
| 1215 Nebo Road, Suite A                                 | , Madisonville, K   | Y 42431                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                             |
| Check Box(es) that Apply:                               | Promoter            | Beneficial Owner            | Executive Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Director                              | General and/or Managing Partner             |
| Full Name (Last name first, i<br>Ron D. Miller          | f individual)       |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | #<br>-                                |                                             |
| Business or Residence Addre<br>1215 Nebo Road, Suite A  | ,                   |                             | ode)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       |                                             |
| Check Box(es) that Apply:                               | Promoter            | Beneficial Owner            | Executive Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Director                              | General and/or Managing Partner             |
| Full Name (Last name first, i<br>David A. Wiley         | f individual)       |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 71                                    |                                             |
| Business or Residence Addre<br>1215 Nebo Road, Suite A  |                     |                             | odc)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       |                                             |
| Check Box(es) that Apply:                               | Promoter            | Beneficial Owner            | Executive Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Director                              | General and/or Managing Partner             |
| Full Name (Last name first, i<br>MHI Energy Fund        | f individual)       |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                             |
| Business or Residence Addre<br>Suite 350, 300-5th Avenu |                     |                             | and the second s |                                       |                                             |
| Check Box(es) that Apply:                               | Promoter            | Beneficial Owner            | Executive Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Director                              | General and/or Managing Partner             |
| Full Name (Last name first, i<br>Morrissey Hawthorne    | f individual)       |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | · · · · · · · · · · · · · · · · · · · |                                             |
| Business or Residence Addre<br>Suite 350, 300-5th Avenu | -                   |                             | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       |                                             |

|                                                                                                                               | 177                                                                                                      |                                               |                              |                                           | B. I                                         | NEORMAT                                    | ION ABOU                                     | T OFFERI                                    | NG                                           |                             |                                              |             |                |
|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------|-------------------------------------------|----------------------------------------------|--------------------------------------------|----------------------------------------------|---------------------------------------------|----------------------------------------------|-----------------------------|----------------------------------------------|-------------|----------------|
| 1.                                                                                                                            | Has the                                                                                                  | issuer sole                                   | d, or does th                | he issuer i                               | ntend to se                                  | ll, to non-a                               | ccredited i                                  | nvestors is                                 | this offer                                   | ing?                        |                                              | Yes         | No 🔀           |
|                                                                                                                               | 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? |                                               |                              |                                           |                                              |                                            |                                              | 6                                           |                                              |                             |                                              |             |                |
| 2.                                                                                                                            |                                                                                                          |                                               |                              |                                           |                                              |                                            | s_100                                        | 00.000,0                                    |                                              |                             |                                              |             |                |
| 3.                                                                                                                            | Does th                                                                                                  | e offering                                    | permit join                  | t ownershi                                | in of a sing                                 | de unit?                                   |                                              |                                             |                                              |                             |                                              | Yes         | No<br><b>K</b> |
| 4.                                                                                                                            |                                                                                                          |                                               |                              |                                           |                                              |                                            | •                                            |                                             |                                              |                             | irectly, any                                 |             | <b>2</b> 3     |
|                                                                                                                               | commis<br>If a pers<br>or states                                                                         | sion or sim<br>on to be lis<br>s, list the na | ilar remune<br>ted is an ass | ration for s<br>sociated pe<br>roker or d | solicitation<br>erson or age<br>ealer. If mo | of purchasent of a broker<br>ore than five | ers in conni<br>cer or deale<br>e (5) persoi | ection with<br>r registere<br>ns to be list | sales of sed<br>d with the S<br>ded are asso | curities in t<br>SEC and/or | he offering.<br>with a state<br>ions of such |             |                |
|                                                                                                                               | l Name (                                                                                                 | Last name                                     | first, if indi               | ividual)                                  |                                              |                                            |                                              |                                             |                                              |                             |                                              |             |                |
|                                                                                                                               |                                                                                                          | Residence                                     | Address (N                   | lumber an                                 | d Street, C                                  | ity, State, Z                              | (ip Code)                                    |                                             | · · · · · · · · · · · · · · · · · · ·        |                             |                                              | ·····       |                |
|                                                                                                                               |                                                                                                          |                                               |                              |                                           |                                              |                                            |                                              |                                             |                                              |                             |                                              |             |                |
| Nai                                                                                                                           | ne of Ass                                                                                                | sociated Br                                   | oker or De                   | aler                                      |                                              |                                            |                                              |                                             |                                              |                             |                                              |             |                |
| Sta                                                                                                                           | tes in Wh                                                                                                | ich Person                                    | Listed Has                   | Solicited                                 | or Intends                                   | to Solicit                                 | Purchasers                                   |                                             |                                              |                             |                                              |             |                |
|                                                                                                                               | (Check                                                                                                   | "All States                                   | or check                     | individuai                                | States)                                      | **************                             |                                              |                                             |                                              |                             | ······                                       | ☐ Al        | l States       |
|                                                                                                                               | AL                                                                                                       | AK                                            | AZ                           | AR                                        | CA                                           | CO                                         | CT                                           | DE                                          | DC                                           | FL                          | GA                                           | HI          | ID             |
|                                                                                                                               | IL                                                                                                       | [N]                                           | ĪĀ                           | KS                                        | KY                                           | LA                                         | ME                                           | MD                                          | MA                                           | MI                          | MN                                           | MS          | MO             |
|                                                                                                                               | MT RI                                                                                                    | NE SC                                         | NV<br>SD                     | HM<br>MT                                  | TX                                           | NM<br>UT                                   | NY<br>VT                                     | NC<br>VA                                    | ND<br>WA                                     | OH)                         | OK<br>WI                                     | OR<br>WY    | PA             |
|                                                                                                                               |                                                                                                          |                                               |                              |                                           |                                              |                                            |                                              |                                             | اعتدا                                        |                             |                                              |             |                |
| Ful                                                                                                                           | Full Name (Last name first, if individual)                                                               |                                               |                              |                                           |                                              |                                            |                                              |                                             |                                              |                             |                                              |             |                |
| Bus                                                                                                                           | Business or Residence Address (Number and Street, City, State, Zip Code)                                 |                                               |                              |                                           |                                              |                                            |                                              |                                             |                                              |                             |                                              |             |                |
| Nai                                                                                                                           | ne of Ass                                                                                                | sociated Br                                   | oker or De                   | aler                                      |                                              |                                            |                                              |                                             |                                              |                             |                                              |             |                |
| Sta                                                                                                                           | tes in Wh                                                                                                | ich Person                                    | Listed Has                   | Solicited                                 | or Intends                                   | to Solicit                                 | Purchasers                                   |                                             |                                              |                             |                                              |             |                |
| •                                                                                                                             |                                                                                                          |                                               | " or check                   |                                           |                                              |                                            |                                              |                                             |                                              | **************              |                                              |             | l States       |
|                                                                                                                               | AL                                                                                                       | AK                                            | AZ                           | AR                                        | CA                                           | col                                        | CT                                           | DE                                          | DC                                           | FL                          | GA                                           | HI          | [D]            |
|                                                                                                                               |                                                                                                          |                                               | IA                           | KS                                        | KY                                           | LA                                         | ME                                           | MD                                          | MA                                           | MI                          | MN                                           | MS          | MO             |
|                                                                                                                               | MT                                                                                                       | NE                                            | NV                           | NH                                        | NJ                                           | NM                                         | NY                                           | NC                                          | ND                                           | OH                          | OK.                                          | OR          | PA             |
|                                                                                                                               | RI                                                                                                       | SC                                            | SD                           | TN                                        | TX                                           | UT                                         | [VT]                                         | VA                                          | WA                                           | WV                          | WI                                           | WY          | PR             |
| Ful                                                                                                                           | l Name (1                                                                                                | Last name                                     | first, if indi               | vidual)                                   |                                              |                                            |                                              |                                             |                                              |                             |                                              |             |                |
| Bus                                                                                                                           | iness or                                                                                                 | Residence                                     | Address (1                   | Number an                                 | d Street, C                                  | ity, State,                                | Zip Code)                                    | **************************************      |                                              | ······                      |                                              |             |                |
| Nai                                                                                                                           | ne of Ass                                                                                                | sociated Br                                   | oker or De                   | aler                                      |                                              |                                            |                                              |                                             |                                              |                             |                                              | <del></del> |                |
| <u></u>                                                                                                                       |                                                                                                          | '-L D                                         | Y : 1 TY-                    | - C-11-14-4                               | 1                                            | 4 - C - 11 - 14 - 1                        | nL                                           |                                             |                                              |                             | ····                                         | ······      |                |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States) |                                                                                                          |                                               |                              |                                           |                                              |                                            |                                              |                                             |                                              |                             |                                              |             |                |
|                                                                                                                               |                                                                                                          |                                               |                              |                                           |                                              |                                            |                                              |                                             |                                              |                             |                                              |             |                |
|                                                                                                                               | IL]                                                                                                      | AK)<br>IN                                     | AZ<br>IA                     | (KS                                       | CA<br>KY                                     | CO<br>LA                                   | CT<br>ME                                     | DE<br>MD                                    | DC<br>MA                                     | FL<br>MI                    | GA<br>MN                                     | MS.         | MO             |
|                                                                                                                               | MT                                                                                                       | NE                                            | NV                           | NH                                        | NJ                                           | NM                                         | NY                                           | NC                                          | ND                                           | OH                          | OK                                           | OR          | PA             |
|                                                                                                                               | RI                                                                                                       | SC                                            | SD                           | TN                                        | TX                                           | UT                                         | VT                                           | VA                                          | WA                                           | WV                          | WI                                           | WY          | PR             |

## C OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and                                                                         | :                           |                            |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------|
|    | Type of Security                                                                                                                                                                                                                                                                                                                                                                       | Aggregate<br>Offering Price | Amount Already<br>Sold     |
|    |                                                                                                                                                                                                                                                                                                                                                                                        |                             |                            |
|    | Debt                                                                                                                                                                                                                                                                                                                                                                                   | ·                           | \$                         |
|    |                                                                                                                                                                                                                                                                                                                                                                                        | \$                          | 3 1,000,000.00             |
|    | Common Preferred                                                                                                                                                                                                                                                                                                                                                                       | ·r                          | ø.                         |
|    | Convertible Securities (including warrants)                                                                                                                                                                                                                                                                                                                                            |                             |                            |
|    | Partnership Interests                                                                                                                                                                                                                                                                                                                                                                  |                             |                            |
|    | Other (Specify)                                                                                                                                                                                                                                                                                                                                                                        | \$<br>~_ 2 500 000 00       | \$                         |
|    | Total                                                                                                                                                                                                                                                                                                                                                                                  | \$_2,500,000.00             | \$ 1,000,000.00            |
|    | Answer also in Appendix, Column 3, if filing under ULOE.                                                                                                                                                                                                                                                                                                                               |                             |                            |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."             | :                           | . Aggregate                |
|    |                                                                                                                                                                                                                                                                                                                                                                                        | Number<br>Investors         | Dollar Amount of Purchases |
|    | Accredited Investors                                                                                                                                                                                                                                                                                                                                                                   | 1                           | \$_1,000,000.00            |
|    | Non-accredited Investors                                                                                                                                                                                                                                                                                                                                                               |                             | S                          |
|    | Total (for filings under Rule 504 only)                                                                                                                                                                                                                                                                                                                                                |                             | s                          |
|    | Answer also in Appendix, Column 4, if filing under ULOE.                                                                                                                                                                                                                                                                                                                               |                             |                            |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.                                                             |                             |                            |
|    |                                                                                                                                                                                                                                                                                                                                                                                        | Type of                     | Dollar Amount              |
|    | Type of Offering                                                                                                                                                                                                                                                                                                                                                                       | Security                    | Sold                       |
|    | Rule 505                                                                                                                                                                                                                                                                                                                                                                               |                             | \$                         |
|    | Regulation A                                                                                                                                                                                                                                                                                                                                                                           |                             | \$                         |
|    | Rule 504                                                                                                                                                                                                                                                                                                                                                                               |                             | \$                         |
|    | Total                                                                                                                                                                                                                                                                                                                                                                                  |                             | \$ 0.00                    |
| 4  | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |                             |                            |
|    | Transfer Agent's Fees                                                                                                                                                                                                                                                                                                                                                                  |                             | \$                         |
|    | Printing and Engraving Costs                                                                                                                                                                                                                                                                                                                                                           |                             | \$                         |
|    | Legal Fees                                                                                                                                                                                                                                                                                                                                                                             |                             | \$_2,000.00                |
|    | Accounting Fees                                                                                                                                                                                                                                                                                                                                                                        |                             | \$                         |
|    | Engineering Fees                                                                                                                                                                                                                                                                                                                                                                       | _                           | \$                         |
|    | Sales Commissions (specify finders' fees separately)                                                                                                                                                                                                                                                                                                                                   |                             | \$                         |
|    | Other Expenses (identify)                                                                                                                                                                                                                                                                                                                                                              |                             | \$                         |
|    | Total                                                                                                                                                                                                                                                                                                                                                                                  |                             | e 2,000,00                 |

|     | and total expenses furnished in response to Part C-                                                                                    | ering price given in response to Part C — Question 1 — Question 4.a. This difference is the "adjusted gross                                                       |                                                        | \$ 2,498,000.00                 |
|-----|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------|
| 5.  | Indicate below the amount of the adjusted gross p each of the purposes shown. If the amount for a                                      | roceed to the issuer used or proposed to be used for<br>any purpose is not known, furnish an estimate and<br>of the payments listed must equal the adjusted gross |                                                        |                                 |
|     |                                                                                                                                        |                                                                                                                                                                   | Payments to<br>Officers,<br>Directors, &<br>Affiliates | Payments to Others              |
|     | Salaries and fees                                                                                                                      |                                                                                                                                                                   | ] \$                                                   | . [ \$                          |
|     | Purchase of real estate                                                                                                                |                                                                                                                                                                   | ] \$                                                   | . 🗆 \$                          |
|     | Purchase, rental or leasing and installation of ma                                                                                     | achinery<br>[                                                                                                                                                     | ]\$                                                    | . []\$                          |
|     | Construction or leasing of plant buildings and fa                                                                                      | cilities[                                                                                                                                                         | ] \$                                                   | . 🗆 \$                          |
|     | Acquisition of other businesses (including the va<br>offering that may be used in exchange for the as-<br>issuer pursuant to a merger) |                                                                                                                                                                   | 7.8                                                    | ┌┐\$                            |
|     |                                                                                                                                        |                                                                                                                                                                   |                                                        | _                               |
|     |                                                                                                                                        |                                                                                                                                                                   |                                                        |                                 |
|     |                                                                                                                                        |                                                                                                                                                                   |                                                        |                                 |
|     |                                                                                                                                        |                                                                                                                                                                   | ]\$                                                    | . 🗆 \$                          |
|     | Column Totals                                                                                                                          | ·<br>[                                                                                                                                                            | ] \$ <u>0.00</u>                                       | <b>☑</b> \$ <u>2,498,000.00</u> |
|     | Total Payments Listed (column totals added)                                                                                            |                                                                                                                                                                   | <b>[</b> ] \$_2,                                       | 498,000.00                      |
|     |                                                                                                                                        | D FEDERAL SIGNATURE                                                                                                                                               |                                                        |                                 |
| ign | ature constitutes an undertaking by the issuer to fu                                                                                   | te undersigned duly authorized person. If this notice arnish to the U.S. Securities and Exchange Commiss credited investor pursuant to paragraph (b)(2) of R      | sion, upon writte                                      |                                 |
| ssu | er (Print or Type)                                                                                                                     | Signature / Signature                                                                                                                                             | )ate                                                   |                                 |
| Pho | penix Coal Corporation                                                                                                                 | W-77                                                                                                                                                              | 2.10                                                   | . 06                            |
| lan | ne of Signer (Print or Type)  AVID WILEY.                                                                                              | Title of Signer (Print or Type)                                                                                                                                   |                                                        |                                 |

- ATTENTION ----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

# I. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification Provisions of such rule?

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| Issuer (Print or Type)              | Signature             | Date    |
|-------------------------------------|-----------------------|---------|
| Phoenix Coal Corporation            | 1.279                 | 2.10.06 |
| Name (Print or Type)  Dan 10 Willet | Title (Print or Type) |         |

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.